VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 131

CERTIFICATE OF DEATH

0581

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 235 East Second Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 235 East Second Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** George Mantz Besant

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 4, 1859

8. **AGE:** Years 81 | Months 0 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Point of Rocks, Frederick Co., Md. (Town, county, and state)

10. Usual occupation Merchant (retired)

11. Industry or business

FATHER

12. Name James H. Besant

13. Birthplace Maryland

MOTHER

14. Maiden Name Margaret Reid

15. Birthplace Montgomery County, Maryland

16 (a) Informant William B. Bennett

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 22, 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. John's Catholic Cem.

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 22 - Jan 1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 20 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1940 to Jan. 20 1940, and that I last saw him alive on Jan. 20 1940.

Immediate cause of death: Angina pectoris — Duration: 8 hours

Due to ?

Due to

Other conditions: Chronic Myocarditis — Duration: Not stated

(Include pregnancy within 3 months of death) C.W.G.R.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

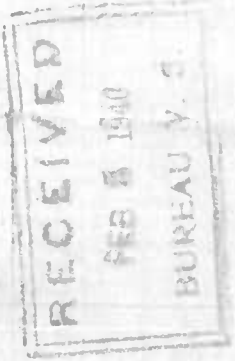
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. M. Smith MD (M. D. or other)

Address Frederick Md. Date signed Jan. 22-40

Dr. W. M. Smith



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0582

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 117 W. South St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 117 W. South St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Girl Biddinger

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	white	single

6 (b) Name of husband or wife: ~~Jan. 23rd., 1940~~

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 23, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace: Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER 12. Name: Edgar E. Biddinger,

FATHER 13. Birthplace: Frederick, Maryland

MOTHER 14. Maiden name: Nancey M. Ford,

MOTHER 15. Birthplace: Frederick, Maryland.

16. Informant: Mr. Edgar E. Biddinger,
Address: 117 W. South St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof 1/24/40 (month) (day) (year)

Cemetery or ~~crematory~~: Mount Olivet Cemetery

Location: Frederick, Maryland.

18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Maryland

19. 24 Jan 1940 (Date rec'd by registrar) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 23rd. 1940, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan - 23 1940, to Jan 23 1940, and that I last saw h~~e~~r alive on Jan - 23 1940.

Immediate cause of death	DURATION
Stil Born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. D. Etchison Jr. M.D. or other

Address: Frederick, Md. Date signed: 1/24/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0583

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

1. PLACE OF DEATH:
County Frederick
City or ~~town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 6 College Ave.,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 44yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6 College Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Charles Sincell Blumenauer

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
male	white	married

6 (b) Name of ~~husband~~ or wife Pauline Shearer
6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) July 22, 1895

8. AGE: Years	Months	Days	If less than one day
44	6	2	____ hrs. ____ min.

9. Birthplace Frederick, Fred., Md.
(Town, county, and state)
10. Usual occupation Police Lieutenant
11. Industry or business Frederick City
FATHER 12. Name Nicholas J. Blumenauer,
13. Birthplace Frederick, Md.
MOTHER 14. Maiden name Margaret A. Ely,
15. Birthplace Frederick, Md.
16. Informant Mrs. Chas. S. Blumenauer,
Address Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 1/29 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.
18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.
19. 25-Jan 1940 (Date rec'd by registrar) Geo. J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24th., 1940, at 6A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at death 19____, to 19____, and that I last saw him ~~alive~~ on dead Jan 24 1940.

	DURATION
Immediate cause of death Coronary occlusion	sudden
Due to Arteriosclerosis, general	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE H. L. Wallenweber, M.D.
M. D. or other
Address Room 12 Central Police Baltimore Md Date signed Jan 24, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0584

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Graceham
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 45 yrs
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Graceham Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: May Effie Boller

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Chas N. Boller

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): April 18th. 1869

8. AGE: Years	Months	Days	If less than one day
70	8	15	hrs. min.

9. Birthplace: Graceham Fred. Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: Edward Firor
13. Birthplace: Md

MOTHER
14. Maiden name: Annie Main
15. Birthplace: Md

16. Informant: Raymond Boller
Address: Graceham. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 7th. 40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Graceham. Fredk Co. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD

19. Jan. 6 1940 (Date rec'd by registrar) Amar M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 3rd 1940, at 9 P; M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2nd 1940 to Jan 3rd 1940, and that I last saw her alive on Jan 3 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 hrs
Due to Chronic Arterial Sclerosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Morris A. Bird M.D.
M. D. or other
Address: Thurmont Md Date signed 1-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
FEB 3 1940
...REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-12)

CERTIFICATE OF DEATH

0585

Reg. Dist. No. 13 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Fredrick

City or town Emmitsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James Augustus Bouey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	white	married

6 (b) Name of husband or wife Laura Martha Topper

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) May 1, 1857

8. AGE: Years	Months	Days	If less than one day
82	8	4	____hrs. ____min.

9. Birthplace Adams Co, Pa.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name Jamse Bouey

13. Birthplace Ireland

MOTHER 14. Maiden name Mary Ann Claybaugh

15. Birthplace Carroll Co, Md.

16. Informant J Ray Topper

Address Emmitsburg, Md.

17. Emmitsburg, Md. (Burial, cremation, or removal. Which?) Date thereof Jan 8, 1940 (month) (day) (year)

Cemetery or crematory St. Joseph

Location Emmitsburg Md.

18. Funeral director C. L. Allison

Address Emmitsburg, Md.

19. Jan 6 19 40 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 19 40, at 6 45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 19__, to Jan 5 1940, and that I last saw him alive on Jan 4 1940

Immediate cause of death (a) Uraemia — DURATION Jan 2 1940

Due to (b) Arterio sclerotic cardio-vascular renal disease

Due to (c) several years ago.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Cadle M. D.
M. D. or other

Address Emmitsburg Md. Date signed 1-6-40

RECEIVED
FEB 3 1940
BUREAU V. S.

0586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County Frederick

City or town RD Mt Airy
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

City or town RD Mt Airy Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Not named Bowler

3. (b) Social Security Number none

4. Sex Not known

5. Color or race w

6. (a) Single, married, widowed, or divorced Infant

8 (b) Name of husband or wife Infant

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1940

8. AGE: Years Months Days If less than one day hrs. 0 min.

9. Birthplace Fred-Co Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name George L Bowler
13. Birthplace Virginia

MOTHER
14. Maiden name Catherine Louise Sworthy
15. Birthplace Maryland

16. Informant Catherine Louise Bowler

Address RD Mt Airy Md

17. Family disposal (Burial, cremation, or removal. Which?) Date thereof Jan 22 1940 (month) (day) (year)

Cemetery or crematory none

Location none

18. Funeral director none - Family disposal

Address

19. Jan 27 1940 (Date rec'd by registrar) Archley R Molesworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1940, at 8 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 1940, to Jan 22 1940, and that I last saw h it alive on Jan 22 1940

Immediate cause of death Premature Delivery (Miscarriage)

DURATION 6 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. M. Van Poole M. D. ~~or other~~

Address Mt Airy Md Date signed 1-23-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1910
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

0587

CERTIFICATE OF DEATH

Reg. Dist. No. 186

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Hope Hill, R. D. Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Hope Hill, R. D. Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Frederick, Md. R. D. 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Susie Anna Brown

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widow

B (b) Name of husband or wife: J. Hamilton Brown

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 65 ? Months: Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Penna. Co. Unknown
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN

16. Informant: Newton Brown,
Address: Frederick, Md. R. D. 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/23/40 (month) (day) (year)
Cemetery or crematory: Hyatstown Colored Cemetery
Location: Hyattstown, Md.

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Md.

1940 Jan 22 1940 (Date rec'd by registrar) G. O. Hudkinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 20th., 1940, at 11:15 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from November 1939, to Jan 20 1940, and that I last saw h er alive on January 17 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 wks

Due to: Gen. arterio-sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles H. Conley Jr. M.D.
M. D. or other
Address: Buckeystown, Md. Date signed 1-22-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 92nd

Reg. Dist. No. 139

CERTIFICATE OF DEATH

0588

1. PLACE OF DEATH:
(a) County Frederick Co.
(b) City or town Foxville (Rural)
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 82-2-2

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Md. (b) County Frederick
(c) City or town Foxville (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. Near Foxville.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Kate Alice Buhrman

3 (b) If veteran, name war —

3 (c) Social Security No. No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 18-1857

8. **AGE:** Years 82 | Months 2 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Foxville Frdk Co Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name Silas Buhrman
13. Birthplace Foxville Md

MOTHER
14. Maiden Name Leah Stottlemyer
15. Birthplace Wolfsville Md

16 (a) Informant Silas Buhrman
(b) Address Smithsburg Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23-40 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Mt Bethel Nr Foxville

18 (a) Funeral director M. L. Creager Funeral
(b) Address Thurmont Md

19 (a) Jan 22-40 (Date rec'd by registrar) (b) H. Wolfe Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 20 1940, at 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/12 1940, to Jan 20 1940, and that I last saw him alive on Jan 20 1940

Immediate cause of death	Duration
Chronic Endocarditis	2 Years
Valvular insufficiency	
Due to	
Due to	
Other conditions Chronic Hepatitis	1 Yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Morris A. Bixler M.D.
M. D. or other
Address Thurmont Md Date signed 1/21/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182-a)

CERTIFICATE OF DEATH

0589

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Fredrick Co. Md.
City or town: Emmitsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Amelia Frances Burket

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fm	white	married

6 (b) Name of husband or wife: Peter F. Burket
B(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): February 6, 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	2	hrs. min.

9. Birthplace: Fredrick Co, Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: Own Home

FATHER
12. Name: Edward McNulty
13. Birthplace: Fredrick Co Md

MOTHER
14. Maiden name: Margaret Cahill
15. Birthplace: Adams Co, Pa.

16. Informant: Peter F. Burket
Address: Emmitsburg, Md.

17. Emmitsburg Md (Burial, cremation, or removal. Which?) Date thereof Jan 10, 1940 (month) (day) (year)
Cemetery or crematory: Mt. St Mary
Location: Mt. Emmitsburg Md
18. Funeral director: S. L. Allison
Address: Emmitsburg, Maryland.

19. Jan 9 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 8 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to Jan 8 1940, and that I last saw her alive on Jan 7 1940.

Immediate cause of death: Carcinoma stomach — DURATION: 6 months

Due to:

Due to:

Other conditions: Lacerations of forehead due to fall — Jan 4 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. R. Cade
M. D. or other
Address: Emmitsburg Date signed 1-9-40

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 131

0590

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 51 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Infant Burkett

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1940

8. AGE: Years 0 Months 0 Days 0 If less than one day 17 hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation New Born

11. Industry or business

FATHER
12. Name Harry Vernon Burkett
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Margaret Madeline Brueber
15. Birthplace Frederick Md.

16 (a) Informant Miss Adelberger, Emergency
(b) Address Hospital Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 18 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Montevue Cem.
Location Mt. Frederick Md.

18 (a) Funeral director C. C. Grout - Supt.
(b) Address Montevue - Frederick Co. Md.

19 (a) 18 Jan 1940 (Date rec'd by registrar) (b) Ira J. McCauley Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 17 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to Jan 17 1940, and that I last saw him alive on Jan 16 1940.

Immediate cause of death ____ Duration

Premature (8 months)

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature I. B. Thomas M. D. or other
Address Frederick, Md. Date signed 1/17/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF (101)

0591

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County ~~Washington~~ Frederick

City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schnauffer Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 11 months, 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helen Kay Carey

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 12, 1939

8. AGE: Years — Months 11 — Days 2 — If less than one day ___ hrs. ___ min.

9. Birthplace Brunswick, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Charles R. Carey

FATHER 13. Birthplace Sandy Hook Md.

MOTHER 14. Maiden name Helen C. Ambrose

MOTHER 15. Birthplace Brunswick, Md.

16. Informant Charles R. Carey

Address Brunswick, Md.

17. Burial Date thereof January 16, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Park Heights Cemetery

Location Brunswick, Md.

18. Funeral director J. L. Eachles

Address Bolivar, West Va.

19. Jan 15 1940 Wm H. S. Hughes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 14 1940, and that I last saw h alive on Jan 14 1940.

Immediate cause of death	DURATION
Bi Lat Lobar Pneumonia.	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Schnauffer
M. D. or other

Address Brunswick R Date signed Jan 15 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 23 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0592

1. PLACE OF DEATH (131-B)

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hanson Bernard Carter If U. S. Veteran, specify WAR no.

(a) Residence: No. 105 Florida Ave. St., ~~Ward~~ Social Security # None

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena Estelle Cannon

6. DATE OF BIRTH (month, day, and year): not sure.

7. AGE: about 75 yrs. Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: B & O. R. R.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Conductor Retired

10. Date deceased last worked at this occupation (month and year): 8 yrs ago

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Hanson Carter

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Rachael (don't know)

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Mrs Lena E. Carter Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Point of Rocks Md Date: Jan. 30, 1940

19. UNDERTAKER (Address): C H Feetz & Son Brunswick Md

20. FILED: Jan 28, 1940 Mrs H. S. Hedge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 2, 1940, to Jan 27, 1940

I last saw him alive on Jan 26, 1940; death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Paralysis Heart Disease (chronic)	[illegible]

Other Contributory Causes of Importance:

Lafleuter "Chr. Int."	[illegible]

Name of operation: None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED FEB 2 1940 MEDICAL U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0593

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 121 Ice St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 121 Ice
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Elizabeth Ceasor

3. (b) Social Security Number None

4. Sex: female
5. Color or race: colored
6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widow

6 (b) Name of husband or wife David Ceasor
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 2, 1872

8. AGE: Years 67 | Months 8 | Days 1 | If less than one day ____ hrs. ____ min.

9. Birthplace Nr. Adamstown, Fred., Md.
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name Basil Heard,
13. Birthplace Boonsboro, Md.

MOTHER
14. Maiden name Martha Brunner,
15. Birthplace Burkittsville, Md.

16. Informant Charles Brown,
Address Ice St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jan. 5, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Fairview Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

19. 3-Jan 1940 (Date rec'd by registrar) J. M. Leonard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd., 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive ~~on~~ dead Jan 3 1940.

Immediate cause of death: Chronic myocarditis — DURATION: 5 years
Due to: Pulmonary edema — 2 days
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE R. W. Bar Deptg Med. Ex
M. D. or other
Address Frederick, Md Date signed 1.3.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1966
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

0594

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 206, 9th Ave Brunswick,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 206 - 9th ave. -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eveline Rosella Chaney

3. (b) Social Security Number None

4. Sex F.

5. Color or race W

6. (a) Single, married, widowed, or divorced widowed

B (b) Name of husband or wife Richard Chaney

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 14, 1845

8. AGE: Years 94 | Months 6 | Days 23. | If less than one day ____ hrs. ____ min.

9. Birthplace Poplar Springs, Carroll Co., Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Smith
13. Birthplace Poplar Springs Md.

MOTHER 14. Maiden name Minnie Hobbs
15. Birthplace Poplar Springs Md.

16. Informant W. H. Chaney
Address Brunswick, Md.

17. Burial Date thereof Jan 8, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Marvin Chapel Cemetary
Location Plain No. 4, Carroll Co, Md.

18. Funeral director Jesse S. Bailey
Address Brunswick, Md.

19. Jan. 7 1940 Wm H. S. Hedges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Cerebral Hemorrhage
Dead on arrival

DURATION

Due to Paralysis 6 mos.

Due to age

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Brunswick Date signed Jan 7/40

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 140

CERTIFICATE OF DEATH

0595

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Fadiesburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Fadiesburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas Elabaugh

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harriet Cramer

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1858

8. AGE: Years 81 Months 4 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm Elabaugh
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Wolf
15. Birthplace Md.

16 (a) Informant Mrs. John T. Elabaugh
(b) Address Fadiesburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Fadiesburg Md

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro Md.

19 (a) Jan 4-1940 (Date rec'd by registrar) (b) L. E. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 2nd 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 10 1939, to Jan 2 1940, and that I last saw him alive on Dec. 31 1939.

Immediate cause of death Arteriosclerosis — Duration about 10 yrs.

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury none

23. Signature Geo A Stultz M.D. (M. D. or other)

Address Woodsboro Md. Date signed 1-2-40

RECEIVED
FEB 5 1945
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0596

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5Mos 30Days

Stay in this community (yrs., or mos., or days): 5Mos 30Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5605 Winner Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John J. Conner

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Florence E. Conner

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): February 6 1882

8. AGE: Years	Months	Days	If less than one day
57	11	10	____ hrs. ____ min.

9. Birthplace: Baltimore. Md
(Town, county, and state)

10. Usual occupation: Accountant

11. Industry or business:

FATHER — 12. Name: John J. Conner

13. Birthplace: Baltimore. Md.

MOTHER — 14. Maiden name: Elizabeth Cross

15. Birthplace: Baltimore. Md.

16. Informant: John J. Conner

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/20/40 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: Baltimore. Md.

18. Funeral director: Frank V. Pipitone

Address: Baltimore. Md.

19. 4/16/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 16 1940 5.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1939 to Jan. 16 1940, and that I last saw him alive on Jan 16 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

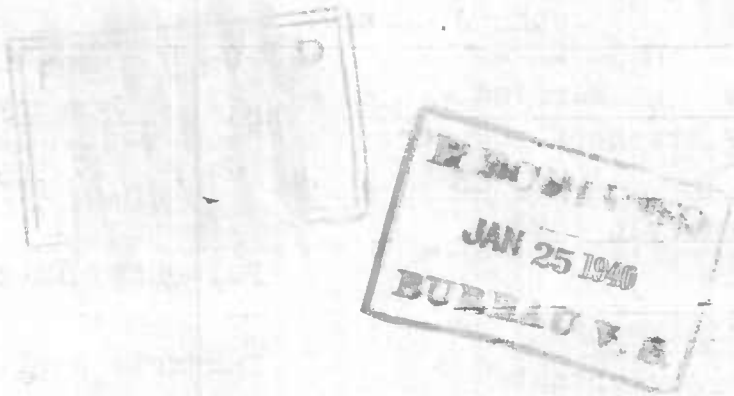
23. SIGNATURE: John E. Godfrey M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 1/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


JAN 25 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 131

0597

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: East 2nd St. Visitation ~~Ass~~ Convent

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs.

(e) Length of stay in this community (yrs., mos., or days) 15 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. East 2nd St (If rural giva location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME (Sister Mary Benedicta) Eugenia De Loy

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced~~. single

6 (b) Name of husband or wife —

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 22 1862

8. AGE: Years 77 | Months 5 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Williamsport, Pa (Town, county, and state)

10. Usual occupation Sister Visitation

11. Industry or business Convent

FATHER

12. Name Francis De Loy

13. Birthplace France

MOTHER

14. Maiden Name Adele Selegne

15. Birthplace France

16 (a) Informant Sister M. Bernadine

(b) Address Visitation Convent

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/23/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Visitation Convent

Location Frederick, Md

18 (a) Funeral director Harry E. Carty

(b) Address Frederick Md

19 (a) 22 Jan. 1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Jany 21st 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1939, to 1/21 1940, and that I last saw ~~him~~ her alive on 1/21 1940.

Immediate cause of death Exhaustion

Due to Carcinoma diffused

Due to Carcinoma Right Breast

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations Breast removed 1936

Of autopsy _____

Duration: 3 yrs ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Wm Crawford Johnson M. D. or other

Address Frederick - Md Date signed 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(T)

(M)

RECEIVED
FEB 5 1940
HEAD Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 94-a

Reg. Dist. No. 131

0598

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 27 E. 3rd St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 E. 3rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Benj. Frank Doll

3 (b) If veteran, name war: No

3 (c) Social Security No. 214-10-3416

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dorothy Doll

6. (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): July 10-1882

8. AGE: Years 57 | Months 5 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Automobile

FATHER
12. Name: Alexander H. Doll
13. Birthplace: Maryland.

MOTHER
14. Maiden Name: Emma Dnoall
15. Birthplace: Frederick Co. Md.

16 (a) Informant: Mrs. Frank Doll
(b) Address: Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jany 9th 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick Md.

18 (a) Funeral director: C. E. Elmer & Son
(b) Address: Frederick Md.

19 (a) 8-Jan-40 (Date rec'd by registrar) (b) J. M. Kennedy Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 6 1940; at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 6 1940, and that I last saw him alive on Jan 6 1940, dead

Immediate cause of death	Duration
Coronary Occlusion	Sudden
Due to —	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. P. Thomas M. D. or other
Address Frederick Date signed Jan 8

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

0599

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 1 67 1

1. PLACE OF DEATH:

County Frederick

City or town Brunswick (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Schnauffer Hospital

Stay in hospital or inst. (yrs., or mos., or days) 8 days

Stay in this community (yrs., or mos., or days) 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State West Va. County Jefferson

City or town Bolivar Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Emma Dudrow

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 16, 1879

8. AGE: Years 60 Months 2 Days 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Bolivar, Jefferson Co., West Va. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER

12. Name: Charles Edgar Dudrow

13. Birthplace: Buckeystown, Md.

MOTHER

14. Maiden name: Mary Parmelia Haeffer

15. Birthplace: Harpers Ferry W. Va.

16. Informant: Mr. C. E. Dudrow

Address: Bolivar, West Va.

17. ~~Burial~~ Removal (~~Burial, cremation~~, or removal. Which?) Date thereof January 23, 1940 (month) (day) (year)

Cemetery or crematory: Harper Cemetery

Location: Harpers Ferry, West Va.

18. Funeral director: J. L. Eackles

Address: Bolivar, West Va.

19. Jan 21 1940 (Date rec'd by registrar) Mrs H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 21 1940, at HAM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 14 1940, to Jan 21 1940, and that I last saw her alive on Jan 21 1940.

Immediate cause of death: Embryonia of Gall bladder

Due to: Chalcatethiasis c̄ stone in Common duct

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Acute Gall bladder, Rus, c̄ stones.

Of autopsy

DURATION: 1 week

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: William Schnauffer M. D. or other

Address: Brunswick Date signed: Jan 21 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0600

1. PLACE OF DEATH

County Frederick (97) Registration Dist. No. 137

Village or City Johnsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob H. Diehl

(a) Residence: No. Johnsville St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Diehl

6. DATE OF BIRTH (month, day, and year) Aug 7. 1856

7. AGE Years 83 Months 5 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation Ill

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Moses Diehl

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katharine Hyder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) W. E. Reff Johnsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Beaver Dam Date Jan 21st, 1940

19. UNDERTAKER (Address) Powell & Allaugh Libertytown Md

20. FILED Jan 18, 1940 M. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Jan 17, 1940

I last saw him alive on Jan 17, 1940, death is said to have occurred on the date stated above, at 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Senile Debility, Arterio-sclerosis, Duration: many years.

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Nissley M. D.

(Address) Johnsville Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-01)

0601

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County: Frederick

City or town: Thurmont

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 9 yrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Fredk Co

City or town: Thurmont Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Pius J. Fink.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Emma J. Hobbs.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 13th. 1863

8. AGE:

Years	Months	Days	If less than one day
76	10	22	____ hrs. ____ min.

9. Birthplace: Littlestown Pa (Town, county, and state)

10. Usual occupation: Tinner

11. Industry or business

FATHER

12. Name: John Fink

13. Birthplace: Penna

MOTHER

14. Maiden name: Anna Smith

15. Birthplace: Penna

16. Informant: C.J. Fink

Address: Thurmont. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 9th. 40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Lebanon. Pa. (St. Marys.)

18. Funeral director: M. L. Creager & Son

Address: Thurmont. MD

19. Jan. 7 1940 (Date rec'd by registrar) Anna M. Jones (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 5th. 40 at 10P;M, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 17 1939, to Jan. 5 1940, and that I last saw him alive on Jan. 1 1940.

Immediate cause of death: Cerebral Hemorrhage

DURATION: 19 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: James H. Gray Md. (M. D. or other)

Address: Thurmont Md. Date signed 1-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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FEB 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0602

(159)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 140

Village or City Woodsboro R-1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Flanagan

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 12, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Woodsboro, Md
(State or country)

FATHER

13. NAME Allen Sep. Flanagan

14. BIRTHPLACE (city or town) Woodsboro, Md
(State or country)

MOTHER

15. MAIDEN NAME Evelyn L. Cookson

16. BIRTHPLACE (city or town) Mt. Airy, Md
(State or country)

17. INFORMANT Mother—Woodsboro.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Cem. Woodsboro Date Jan 13, 1940

19. UNDERTAKER Pugh & Gilbaugh
(Address) Woodsboro, Md.

20. FILED Jan 13, 1940 J. C. Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from
, 19, to , 19
I last saw h elive on , 19; death is said
to have occurred on the dete stated ebove, et 3 A m.

The **PRINCIPAL CAUSE OF DEATH** end related causes of importence were as follows:

	Date of onset
Prematurity	
7 Months	
Other **Contributory Causes** of importance:	

Neme of operetion Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Eyerly M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED FEB 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75-c)

CERTIFICATE OF DEATH

0603

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Libertytown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Frederick
City or town Libertytown, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) No.
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert C. Fogle

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name ~~of husband~~ or wife Julia A. Fogle.
6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1868

8. AGE:

Years	Months	Days	If less than one day
71	2	19	____ hrs. ____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Laborer (Painter)
11. Industry or business
FATHER 12. Name Henry Fogle
13. Birthplace Md.
MOTHER 14. Maiden name Catherine Wetzel
15. Birthplace Md.
16. Informant Mrs. Julia A. Fogle
Address Libertytown. Md
17. Burial Date thereof Jan. 31, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Peters
Location Libertytown. Md.
18. Funeral director C. M. Waltz
Address Winfield. Md
Jan 30 1940 W. D. Carpenter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1940, 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 1920, to Jan. 28 1940, and that I last saw h- im alive on Jan. 28 1940.

	DURATION
Immediate cause of death Hypertrophy of Heart	Unknown
Due to Secondary = Chronic	
Arteriosclerosis	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. H. Beall M. D.
M. D. or other
Address Libertytown Date signed 1/29/40

RECEIVED
FEB 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

0604

Reg. Dist. No. 13/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 16 days

Stay in this community (yrs., or mos., or days): 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 121 Water
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: George William Fogle

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife: ____ 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 7, 1927

8. AGE: Years	Months	Days	If less than one day
12	5	3	____ hrs. ____ min.

9. Birthplace: Ijamsville Frederick Co. Md.
(Town, county, and state)

10. Usual occupation: Student

11. Industry or business: Public School

FATHER
12. Name: Claude W. Fogle
13. Birthplace: Nr. Libertytown, Md.

MOTHER
14. Maiden name: Nora Hurst
15. Birthplace: Roanoke, Va.

16. Informant: Mrs. George W. Fogle
Address: R. F. D. #3-Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 1/14/40 (month) (day) (year)
Cemetery or ~~crematory~~: Union Chapel
Location: Nr. Libertytown, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 12 Jan 1940 (Date rec'd by registrar) J. M. Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10, 1940 at 11:39 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on Jan 10 1940.

Immediate cause of death	DURATION
Gun shot wound of Chest	15 days
Due to	
Due to	
Other conditions: Hemorrhage infection (Include pregnancy within 3 months of death)	15 days

Major findings:
Dt operations:
Dt autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Dec 26 '39
Where did injury occur? Frederick Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): Vacant lot
Means of injury: 22 cal. rifle Injured at work? no

23. SIGNATURE: P. W. Baer M. D. or other
Address: Frederick, Md. Date signed: 1-11-40

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-d)

Reg. Dist. No. 131

0605

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Carroll Park way

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Carroll Park way (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Infant) Joan Marie Fogle

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 12 hr. min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Harold C. Fogle
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Violet Marie Romsburg
15. Birthplace Garret, Pa

16 (a) Informant Harold C. Fogle
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 22 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Frederick Memorial
Location M. Frederick Md

18 (a) Funeral director Harry E. Carty Co
(b) Address Frederick, Md.

19 (a) 22 Jan 1940 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death January 1 — 20 1940, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Jan 20 1940, and that I last saw ~~him~~ her alive on Jan 20 1940.

Immediate cause of death: Congenital Heart Disease

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Scott Simmons M. D. or other

Address Frederick, Md Date signed 1/22/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

0606

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick.
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.,
Stay in hospital or inst. (yrs., or mos., or days): 3Mos 5Days.
Stay in this community (yrs., or mos., or days): 3Mos 5Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Southern Ave & Oxen Hill
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME: Hester Cox Fowler

3.(b) Social Security Number: 578-10-4694

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6(b) Name of husband or wife: George E. Fowler
6(c) If alive, give age: 23 years
7. Birth date of deceased (mo., day, yr.): December 4 1916
8. AGE: Years 23 Months 1 Days 10 If less than one day ___ hrs. ___ min.
9. Birthplace: Oxen Hill, Prince George Co Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: William G. Cox.
13. Birthplace: Oxen Hill Prince George Co Md.
MOTHER
14. Maiden name: Bertha M Rusk
15. Birthplace: Louden CO. Va.
16. Informant: Hester Cox Fowler
Address: Prince George Co Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 17 1940 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cem.
Location: Washington. D.C.
18. Funeral director: Thomas F. Murray
Address: 2007 Nicholas Ave Wash. D.C.
19. 1/14/1940 (Date rec'd by registrar) 19__ [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1940, at 10.45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Octtober 9 1939, to Jan. 14 1940 and that I last saw her alive on Jan. 14 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr 4Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Enteritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed: 1/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I (T)

RECEIVED
FEB 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0607

Reg. Diat. No. 130

1. PLACE OF DEATH:

County Frederick

City or town Nr. Rural Point of Rocks

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 74yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Nr. Rural Point of Rocks Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Point of Rocks, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Emma Florence Fulton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife William H. Fulton

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 1, 1865

8. AGE: Years	Months	Days	If less than one day
74	8	13	____ hrs. ____ min.

9. Birthplace Point of Rocks, Fred., Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER 12. Name Frank Oden,

13. Birthplace Frederick County, Md.

MOTHER 14. Maiden name Martha Jane Molden

15. Birthplace Frederick County, Md.

16. Informant Miss. Soloma Fulton,

Address Point of Rocks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/16/40 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery,

Location Point of Rocks, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Maryland.

19. Jan 15 1940 (Date rec'd by registrar) Jos. Keller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14th., 1940, at 9.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h[illegible] alive on Jan 14 1940.

	DURATION
Immediate cause of death Rupture of left ventricle	Immediate
Due to Infarct of left ventricle	5 days
Due to Coronary thrombosis & arteriosclerosis	5 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Rupture of heart, coronary thrombosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE P.W. Bowie Dep. Med. Examiner M. D. or other

Address Frederick, Md. Date signed 1/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 60-a

Reg. Dist. No. 13 1

CERTIFICATE OF DEATH

0608

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City~~ or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Infant Giles

3 (b) If veteran, name war —

3 (c) Social Security No. —

4 Sex: Female | 5. Color or race: Col | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1940

8. AGE: Years 0 | Months 0 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation New born

11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace Mississippi

MOTHER
14. Maiden Name Maxine Elizabeth Giles
15. Birthplace Brunswick Md.

16 (a) Informant E. Edelberger Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-22-1940 (month) (day) (year)
(c) Cemetery or crematory Monterey Cem
Location Near Frederick Md

18 (a) Funeral director D. C. Grant - Supt
(b) Address Monterey - Frederick Co. Md

19 (a) 22-Jan-1940 (Date received by registrar) (b) Ira J. McCleary Registrar

MEDICAL CERTIFICATION

20. Date of death January 21 1940, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1940, to Jan 21 1940, and that I last saw ~~him~~ alive on Jan 21 1940.

Immediate cause of death	Duration
Cerebral injury	
as Result	
Due to Concussion	7 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other
Address Frederick, Md. Date signed 1/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

RECEIVED
FEB 8 1940
BUREAU V. S.

0609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick

City or town Rural Johnsville Dist

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Rural near Johnsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Russell Lowell Grimes

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3rd 1900

8. AGE: Years 39 Months 11 Days 26 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farm work

11. Industry or business

FATHER 12. Name Frank E Grimes

13. Birthplace Md

MOTHER 14. Maiden name Florence Stitely

15. Birthplace Md

16. Informant Frank E Grimes

Address Keymar Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 1st 1940 (month) (day) (year)

Cemetery or crematory Rocky Hill

Location near Woodsboro Md

16. Funeral director Powell + Albaugh

Address Woodsboro Md

19. Jan 30 1940 (Date rec'd by registrar) N L Cushman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on dead. Jan 30 1940

Immediate cause of death Epilepsy

Due to Microcephaly

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Bow (Depty Med. Ex. Lumi M. D. or other

Address Frederick, Md Date signed 1-30-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) I

RECEIVED
FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-2 Reg. Dist. No. 131

0610

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 114 East Eighth Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 East Eighth Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Nicholas Percy Hammond

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~.
None	None	Male	White	Married

6 (b) Name of ~~husband~~ or wife Lillian Gertrude Cashour Hammond 6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 10, 1870

8. AGE: Years	Months	Days	If less than one day
69	8	11	____ hr. ____ min.

9. Birthplace Libertytown, Frederick Co., Md. (Town, county, and state)
10. Usual occupation Farmer (retired)
11. Industry or business Own Farm

FATHER
12. Name Dawson V. Hammond
13. Birthplace Libertytown, Maryland

MOTHER
14. Maiden Name Ann Matilda Hammond
15. Birthplace New Market, Maryland

16 (a) Informant Mrs. Nicholas P. Hammond
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 23, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairmount Cemetery
Location Libertytown, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 22-Jan 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 21 1940 at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18, to Jan 21-40 and that I last saw him alive on Jan 21 1940.

Immediate cause of death ____ Duration
Hypertensive Heart Disease
Due to ____
Due to ____
Other conditions Acute cold
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature [signature] M. D. or Other
Address Frederick Md. Date signed 1-22-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Slusher

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

0611

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 306 W. South St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 306 W. South St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Luther Cornelius Heffner

3. (b) Social Security Number 212-14-6186

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Elizabeth M. M. Hoffman

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.): January 16, 1868

8. AGE: Years 72 | Months 0 | Days 8 | It less than one day ___ hrs. ___ min.

9. Birthplace: Nr. Jefferson, Fred'k Co., Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Ox Fiber Brush Company

FATHER

12. Name: Lewis C. Heffner

13. Birthplace: Nr. Jefferson, Maryland

MOTHER

14. Maiden name: Mary Susan Angleberger

15. Birthplace: Nr. Jefferson, Maryland

16. Informant: Miss Adaline P. Heffner

Address: 306 W. South St., Fred'k, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 1/27/40 (month) (day) (year)

Cemetery ~~or crematory~~: Mt. Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Maryland

19. 25-Jan 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1940, at 6:10P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that ~~I last saw h~~ im dead Jan 24 1940

Immediate cause of death: Coronary Occlusion

Due to: Arteriosclerosis

Due to:

Other conditions: Chronic Cardiac Asthma (Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Howard W. Ash M.D. Med. Examiner M. D. or other

Address Frederick, Maryland Date signed 1-25-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0612

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 5Mos 6Days
Stay in this community (yrs., or mos., or days): 5Mos 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Carroll,
City or town: Sykesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Humphreys

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Ida Humphreys
6(c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.): September 17 1874
8. AGE: Years: 65 Months: 4 Days: 5 If less than one day: hrs. min.
9. Birthplace: Baltimore. Co. Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Einor Humphreys
13. Birthplace: England
MOTHER 14. Maiden name: Virginia Bowen
15. Birthplace: Baltimore. Co. Md.
16. Informant: Charles Humphreys
Address: Sykesville. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)
Cemetery or crematory: Unknown
Location: Unknown
18. Funeral director: C.H. Weer.
Address: Sykesville, Md.
19. 1/22/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 22 1940, at 5,00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16 1939, to Jan 22 1940, and that I last saw him alive on Jan 21 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 8Mos
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed: 1/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 131

0613

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in this community (yrs., mos., or days) 44 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montevue
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME William James

3 (b) If veteran, name war — No

3 (c) Social Security No. No

4. Sex Male

5. Color or race Col.

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ widowed

6 (b) Name of husband or wife unknown.

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 1 - 1872

8. AGE: Years 68 | Months 7 | Days 30 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name Clinton James
13. Birthplace Maryland.

MOTHER
14. Maiden Name Sarah Putman
15. Birthplace Maryland.

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2 (month) 1 (day) - 1940 (year)
(c) Cemetery or ~~crematory~~ Montevue Am.
Location near Frederick Md.

18 (a) Funeral director Conrad Funeral Home
(b) Address Frederick Md.

19 (a) 31 - Jany 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 31 1940, at 4 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940, to Jan 31 1940, and that I last saw him alive on Jan 30 1940.

Immediate cause of death	Duration
Coronary Thrombosis	18 hrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Frederick, Md Date signed 1/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(T)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-a)

CERTIFICATE OF DEATH

0614

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 22 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: D. Ridley Keller

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jennetta Keller
6(c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): Apr. 18-1862
8. AGE: Years: 77 Months: 9 Days: 2 If less than one day: hrs. min.
9. Birthplace: Myersville Frederick County Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Henry Keller
13. Birthplace: Frederick County, Md

MOTHER
14. Maiden name: Sarah Biser
15. Birthplace: Frederick County, Md.

16. Informant: Miss Ethel R. Keller
Address: Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 23 1940 (month) (day) (year)
Cemetery or crematory: Reformed Cemetery
Location: Middletown, Md.

18. Funeral director: Flashill & Co.
Address: Middletown, Md

19. Jan. 23 1940 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 20 1940, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939, to Jan 18 1940, and that I last saw him alive on Jan 18 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3-10-39
Due to: Arterio-Sclerosis
Due to: Hypertension
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. Elmer Harp M.D. (M. D. or other)
Address: Middletown Date signed 1-23-40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-F) Reg. Dist. No. 131

0615

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Fredericks
(b) ~~City or town~~ Frederick-Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 E. 2nd. St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Edna J. Kennedy.

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, ~~married, widowed, or divorced.~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14-1886

8. AGE: Years 53 | Months 4 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John A Kennedy
13. Birthplace Australia

MOTHER
14. Maiden Name Lillian Poole
15. Birthplace Fredrick Md

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 22-1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Johns
Location Frederick Md.

18 (a) Funeral director C. E. Elaine Flora
(b) Address Frederick Md.

19 (a) 20-Jany-40 (Date rec'd by registrar) (b) J. M. Kennedy Registrar

MEDICAL CERTIFICATION

20. Dste of death Jan 20 1940, at 4 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to Jan 20 1940, and that I last saw her alive on Jan 16 1940.

	Duration
Immediate cause of death Uraemia	4 days
Due to Parenchymatous Nephritis	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Thomas M. D. or other
Address Frederick Md Date signed Jan. 20-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

Dr. B. O. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94?)

0616

CERTIFICATE OF DEATH

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Rural Near Creagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Fredk

City or town Rural. Near Creagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillie V. Keyser

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Murry D. Keyser

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Sept. 6th. 1868

8. AGE: Years	Months	Days	If less than one day
71	4	24	hrs. min.

9. Birthplace Charlesville Fredk Co. MD
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Alfred Stull
13. Birthplace Charlesville Fredk Co. MD

MOTHER
14. Maiden name Malissa Morris
15. Birthplace Md

16. Informant Murry D. Keyser.
Address Thurmont. Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 2nd. 40 (month) (day) (year)

Cemetery or crematory Cemetery
Location Utica. MD

18. Funeral director M. L. Creager & Son.
Address Thurmont. MD

19. Feb. 1 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30th. 40 1940 8.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Was dead When I got There 1940, to 1940,
and that I last saw h alive on 1940.

Immediate cause of death Angina Pectoris — DURATION Half hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. A. Stultz
M. D. or other

Address Woodsboro Md. Date signed 1-31-40

RECEIVED
MAR 2 1949
BUREAU V. S.

0617

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 468 W. Patrick St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 468 W. Patrick St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John W. Kitterman

3. (b) Social Security Number 217-10-9805

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife Cora S. Kitterman

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 29th 1885

8. AGE: Years 54 | Months 10 | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Adamstown Md
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name John Kitterman
13. Birthplace Penna

MOTHER
14. Maiden name Mary Smith
15. Birthplace Penna

16. Informant Mrs. Cora Kitterman
Address Frederick Md

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof Feb. 2 1940
(month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Maryland

18. Funeral director C. E. Chine & Son
Address Frederick Maryland

19. 1-Feby 1940 J. W. Lowry
(Date rec'd ~~by~~ registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___,
and that I last saw him ~~alive~~ dead on Jan 30 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: Immediate

Due to arteriosclerosis — 2 years

Hypertension — 2 years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Bon Dpty Wed Ex
M. D. or other
Address Frederick, Md Date signed 1.30.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

0618

CERTIFICATE OF DEATH

Reg. Dist. No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: New Market. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernest L. Klein

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Mrs Paul Klein
6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): May, 18, 1893

8. AGE:

Years	Months	Days	If less than one day
46	8	4	____ hrs. ____ min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: David E. Klein
13. Birthplace: Maryland.
MOTHER 14. Maiden name: Maggie V. Lowman
15. Birthplace: Maryland.
16. Informant: Mr. Harry A. Klein
Address: Mt. Airy. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 25, 1940 (month) (day) (year)
Cemetery or crematory: Locust Grove.
Location: Fred. Co. Md.
18. Funeral director: C.M. Waltz
Address: Winfield, Md
19. Jan 24 1940 (Date rec'd by registrar) Lucian K. Falconer, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 22. 1940, at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__; and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
20 operations:
20 autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Howard W. Ash, M. D.
M. D. or other
Address: Dep. Coroner Frederick, Md Date signed: Jan 23.

RECEIVED
FEB 0 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (190) Reg. Dist. No. 131

0619

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 (T)

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Thurmont R.F.D. 3 (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural Frederick Co. Md (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** George Michael Knott

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married, widowed~~, or divorced.: Divorced

6 (b) Name of ~~husband~~ or wife: Mollie Stonesifer

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 10 1864

8. AGE: Years 75 | Months 8 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Thurmont - Fred. Co - Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John K. Knott
13. Birthplace Frederick Co - Md

MOTHER
14. Maiden Name Mary Ella Sharb
15. Birthplace Frederick Co. Md.

16 (a) Informant Boyd Knott
(b) Address 141 E. U.S. 36th St. Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-30-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Catholic
Location Thurmont

18 (a) Funeral director M. L. Creager & Son
(b) Address Thurmont Md

19 (a) 27-Jan 40 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 27 1940, at 8 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940, to Jan 27 1940, and that I last saw him alive on Jan 26 1940.

Immediate cause of death	Duration
Septicemia	
Due to Gangrene of	
Due to ~~st~~ Toes & Feet Fingers due to being frozen	Jan 25 40
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B. O. Thomas M. D. or other
Address Emmitsburg Md Date signed 1/27/40

RECEIVED
FEB 5 1946
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0620

(130)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Knoxville No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whare death occurrad 14 yrs. mos. ds. How long in U.S. If ot toraign birth? yrs. mos. ds.

2. FULL NAME Eva R. Lynn If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Married

5a. If marriad, widowad, or divorced HUSBAND ot (or) WIFE ot: Lewis L. Lynn.

6. DATE OF BIRTH (month, day, and year): Aug 3, 1899

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	40	4	29	

OCCUPATION

8. Trede, profession, or perticuler kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.:

10. Oate deceased last worked at this occupation (month and year):

11. Total time (yaers) spent in this occupation:

12. **BIRTHPLACE** (city or town) (State or country): Virginia

FATHER

13. NAME: Wm H. Conners

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Rosa M. Tanlton

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: L. L. Lynn (Address): Knoxville Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Knoxville Md. Date Jan. 4, 1940

19. UNDERTAKER: C. H. Fuller Bro (Address): Brunswick Md.

20. FILED Jan 2, 1940 Geo H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad decaesad from April 10, 1939, to Jan 1, 1940.

I last saw her alive on Dec 30, 1939; daath is said to heve occurred on the date statad above, at 11:45 P. m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causas ot importanca were as follows:

	Date of onset
Acute Myocarditis	12-16-39
Uremic Poisoning	5-1-39

Other **Contributary Causes** ot importance:

Acute Interstitial Nephritis	6-1-39

Neme of operetion: None Date of:

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury

Nature of Injury

24. Was diseese or Injury in any wey related to occupation ot deceased? No

If so, specify

(Signed) Thomas Mother M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0621

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46)

County Frederick Registration Dist. No. 153

Village or City Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Mercer Social Security No.:

(a) Residence No. Walkersville St., Ward 212-14-6761

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mrs Katie Tiller Mercer

6. DATE OF BIRTH (month, dey, end year) Mar 30 - 1875

7. AGE Years	Months	Deys	If LESS then 1 day, hrs. or min.
64	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Dete deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation 40 yr

12. BIRTHPLACE (city or town) Mt Pleasant (State or country) Frederick Co. md

FATHER

13. NAME William Mercer

14. BIRTHPLACE (city or town) (State or country) Frederick Co. md.

MOTHER

15. MAIDEN NAME Jemima Barthelow

16. BIRTHPLACE (city or town) (State or country) Fred Co. md.

17. INFORMANT (Address) Miss Mary Mercer Walkersville md

18. BURIAL, CREMATION, OR REMOVAL

Place Union Chapel Cemetery Date Jan 5. 1940

19. UNDERTAKER (Address) G C Barton Walkersville md

20. FILED Jan 4, 1940 R. Ward Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1939, to Jan 2, 1940

I last saw him alive on Jan 2, 1940; deeth is said to have occurrad on the dete stetad above, et 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH end ralated ceusas of importance ware as follows:

	Date of onset
Carcinoma - stomach	
Othar Contributory Causes of Importance:	
Cachexia	

Neme of operation Date of

What test confirmed diegnosis? X Ray Was there an autopsy? no

23. If deeth wes due to external causes (VIOLENCE) fill in also tha following:

Accident, sulcide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of injury

Neture of injury

24. Wes disease or injury in any wey related to occupation of deceased? no

If so, specify

(Signed) C E Eyster Jr Day M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0622

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5 Mos 30 Days

Stay in this community (yrs., or mos., or days): 5 Mos 30 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 19 E. Wheeling Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John A. Mokrous

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Muriel Mokrous

6(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): January 6 1896

8. AGE: Years	Months	Days	If less than one day
44	0	0	hrs. min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual occupation: Ship-Yard Worker

11. Industry or business:

FATHER
12. Name: Andrew Mokrous
13. Birthplace: Poland

MOTHER
14. Maiden name: Mary Micallok
15. Birthplace: Poland

16. Informant: John A. Mokrous
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 10 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem

Location: Baltimore. Md.

18. Funeral director: M.L. Creager

Address: Thurmont, Md.

19. 1/6/40 (Date rec'd by registrar) 19 ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 6 1940 6.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1939 to Jan 6 1940, and that I last saw him alive on Jan. 6 1940.

Immediate cause of death	DURATION
Fatal Hemoptysis	1Yr
Due to	
Abscess of Lung	
Due to	
Other conditions: Sapremia (Include pregnancy within 3 months of death)	

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E Goodpasture M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: Jan 11, 1940

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JAN 17 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

0623

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Braddock Heights Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Braddock Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural Braddock Heights Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Garfield Mumford

3. (b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1879

8. AGE: Years	Months	Days	If less than one day
60	3	2	hrs. min.

9. Birthplace Middletown, Md.
(Town, county, and state)

10. Usual occupation Operator School Bus

11. Industry or business

FATHER 12. Name John W. Mumford
13. Birthplace Middletown, Md.

MOTHER 14. Maiden name Susan Cochran
15. Birthplace Middletown, Md.

16. Informant Mrs. Milton Strable
Address Braddock Heights, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-14-40 (month) (day) (year)
Cemetery or crematory Lutheran
Location Middletown Md

18. Funeral director Gladhill Bro
Address Middletown Md.

19. 13 Jan 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1940, at 2 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1938, to Jan 12 1940, and that I last saw him alive on Jan 11 1940.

Immediate cause of death	DURATION
Uremia	1 week
Arteriosclerotic heart disease	1 year
Due to Arteriosclerotic nephritis	1 year
Due to Generalized arteriosclerosis	5 yrs.
Other conditions Cerebral thrombosis - right hemiplegia	4 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H. Todd, M.D.
M. D. or other
Address Middletown, Md Date signed 1/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I (T)

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FEB 15 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-E)

0624

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick, Md. R. D. # 1 Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick, R. D. # 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Nr. Frederick
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs. Katherine Agnes Murphy

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife: Howard C. Murphy
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Oct 18, 1881

8. AGE: Years	Months	Days	If less than one day
58	3	2	____hrs. ____min.

9. Birthplace: Baltimore, Balto., Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At home

FATHER
12. Name: Michael Walsh,
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary (Maiden name unknown)
15. Birthplace: Ireland

16. Informant: Mr. Howard C. Murphy,
Address: Frederick, Md. R. D. # 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/23/40 (month) (day) (year)
Cemetery or crematory: St. Johns
Location: Frederick, Maryland.

18. Funeral director: M. R. Etchison & Son.
Address: Frederick, Md.

19. 22-Jan 1940 (Date rec'd by registrar) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 20 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/20 1939, to 1/20 1940, and that I last saw h alive on 1/19 1940.

Immediate cause of death	DURATION
Myocardial degeneration	
Chronic passive congestion	3 weeks
Due to Rheumatic myocarditis	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATORE: H. H. Schoolman M. D.
M. D. or other
Address: 54 W. 2nd St Frederick Md. Date signed: 1/20/40

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FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0625

1. PLACE OF DEATH

County Frederick

~~Village~~ or City Frederick Registration Dist. No. 131

No. Frederick City Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Nikuk If U. S. Veteran, specify WAR ...

(a) Residence: No. 119 West 5th St. Frederick Md. Ward ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jany 24-40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Frederick Md
(State or country)

FATHER

13. NAME Travis Nikuk

14. BIRTHPLACE (city or town) Waynesboro Pa
(State or country)

MOTHER

15. MAIDEN NAME Rose Alexander

16. BIRTHPLACE (city or town) Middletown Md
(State or country)

17. INFORMANT Travis Nikuk
(Address) Frederick Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Ballenger-Md Date Jan-25, 1940

19. UNDERTAKER Travis Nikuk
(Address) Frederick Md.

20. FILED 25-Jan, 1940 Dora J. McCurdy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 24, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jany 24, 1940, to Jany 24, 1940

I last saw h... alive on ..., 19..; death is said to have occurred on the date stated above, at 11:45 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Prematurity,	
Stillborn, 3 Mo. Gestation	
Other **Contributory Causes** of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. F. Kuhn M. D.

(Address) Frederick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (1242) Reg. Dist. No. 131

CERTIFICATE OF DEATH

0626

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 23 days
(e) Length of stay in this community (yrs., mos., or days) 30 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Motter Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Wilbert Rhinehart

3 (b) If veteran, name war: None

3 (c) Social Security No. 214-10-1820

4. Sex: male

5. Color or race: white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widowed

6 (b) Name of ~~husband or~~ wife: Ada Rhinehart

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 13-1879

8. AGE: Years 60 | Months 0 | Days 8 | If less than one day _____ hr. _____ min.

9. Birthplace New Market. Md.
(Town, county, and state)

10. Usual occupation ~~None~~ Carpenter

11. Industry or business

FATHER 12. Name John Rhinehart
13. Birthplace New Market, Maryland

MOTHER 14. Maiden Name Catherine Eader
15. Birthplace New Market, Maryland

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 22-Jan-40 (Date rec'd by registrar) (b) H. McCandlish Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 21 1940, at 11 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1939, to Jan 21 1940, and that I last saw him alive on Jan 21 1940.

Immediate cause of death	Duration
Carcinosis of Liver	Years?
Due to Chronic Alcoholism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. L. Rhinehart M. D. or other
Address Frederick, Md Date signed Jan. 22-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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0627

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 21 Days

Stay in this community (yrs., or mos., or days): 21 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1114 W. 36Th St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John A. Riley

3. (b) Social Security Number: 212-10-5800

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Martha Riley

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): May 16 1900

8. AGE: Years: 39 Months: 8 Days: 15 If less than one day: hrs. min.

9. Birthplace: Prince William Co. Va.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Lige Riley
13. Birthplace: Virginia

MOTHER
14. Maiden name: Julia Groves
15. Birthplace: Virginia

16. Informant: John A Riley
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/3/40 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Thurmont

18. Funeral director: M.L.Creager
Address: Thurmont. Md

19. 2/1/1940 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 31 1940, at 7.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to Jan 31 1940, and that I last saw him alive on Jan 31 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 7 Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis
(Include pregnancy within 8 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfarter M. D.
M. D. or other

Address: State Sanatorium, Md. Date signed 2/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

0628

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Rural Near Thurmont
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Penna County Dauphin

City or town Harrisburg Thurmont
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Genevieve C. Riordan.

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Chas. Riordan Jr.

6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Aug 1 - 1916

8. AGE: Years 23 Months 5 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Harrisburg Pa
(Town, county, and state)

10. Usual occupation Clerical Position

11. Industry or business For State of Penna

FATHER
12. Name Chas. Theurer
13. Birthplace Pa

MOTHER
14. Maiden name Mary Dowhouer
15. Birthplace Pa

16. Informant Chas. P. Riordan Sr.

Address Libertytown Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan 31-1940
(month) (day) (year)

Cemetery or crematory Cemetery

Location Harrisburg Pa (Holy Cross)

18. Funeral director M. J. Creagh Son

Address Thurmont Md

19. Jan. 29 1940 Anna M. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1940, at 1:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___,

and that I last saw her ~~alive~~ dead on Jan 28 1940

Immediate cause of death Fracture of skull, hemorrhage & shock

Due to Automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: immediate

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 1-28-40

Where did injury occur? Frederick Co Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 15.

Means of injury Automobile Injured at work?

23. SIGNATURE R. W. Bare (Deputy Med. Ex.)
M. D. or other

Address Frederick, Md. Date signed 1-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 3 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

0629

33

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

Social Security # 213-01-7115

2. FULL NAME William Coulter Ritenour If U. S. Veteran, specify WAR no.

(a) Residence: No. 8 South Maple Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle Olive Albert

6. DATE OF BIRTH (month, day, and year): Aug 16th 1882

7. AGE: Years 57 | Months 5 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Janitor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Jan. 1940

11. Total time (years) spent in this occupation: 17 yrs.

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: William Ritenour

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Eliza Francis Supinger

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Mrs Myrtle Ritenour Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL (Place): Park Heights Bank Md Date: Jan 26, 1940

19. UNDERTAKER (Address): C H Fute & Bro Brunswick Md

20. FILED: Jan 29, 1940 Wm H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1940 to Jan 23, 1940

I last saw h[illegible] alive on Jan 23, 1940, death is said to have occurred on the date stated above, at 10 30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Sulphuritis (Acute)	2/21/40

Other Contributory Causes of Importance:

Influenza	2/17/40

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

0630

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: St. Anthony. Near Emmitsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 83-3-9

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Fredk. Co

City or town: St. Anthony. Nr. Emmitsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Daniel Francis Roddy

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Katherine White

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Sept. 26th. 1856

8. AGE:

Years	Months	Days	If less than one day
83	3	9	hrs. min.

9. Birthplace: St. Anthony. Fredk Co. MD (Town, county and state)

10. Usual occupation: Retired Farmer and Lime Burner

11. Industry or business

FATHER

12. Name: Abraham F. Roddy

13. Birthplace: Md

MOTHER

14. Maiden name: Hannah Rife.

15. Birthplace: Md

16. Informant: Mrs Katherine Roddy

Address: Emmitsburg. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 8th. 40 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Mt. St. Marys. Fredk Co. Md

18. Funeral director: M. L. Creager & Son

Address: Thurmont MD

19. Jan 7 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 5th. 40. at 1;45 P;M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-26- 1939, to 1-5- 1940, and that I last saw him alive on Jan 5-40 1940.

Immediate cause of death: Broncho pneumonia — DURATION: 9 days

Due to: Old age

Due to:

Other conditions: Chronic atrial sclerosis — 2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Morris A. Bixler M.D. (M. D. or other)

Address: Thurmont Md Date signed 12-7-40

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (948)

Reg. Dist. No. 131

0631

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution.~~ 420 N. Market St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 41 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 N. Market (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Minnie A. Roderick

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single,~~ married, ~~widowed, or divorced.~~ Married

6 (b) Name of husband or wife Wm C. Roderick

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 22-1873

8. AGE: Years 66 | Months 5 | Days 28 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John W. Strine
13. Birthplace Fred'k Co. Md.

MOTHER
14. Maiden Name Mary A. Miller
15. Birthplace Frederick Co. Md.

16 (a) Informant Wm C. Roderick

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jany 21-1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 20-Jany 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 19 1940, at 9 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1940, to Jan 19 1940, and that I last saw her alive on Jan 19 1940.

Immediate cause of death: Cerebral Haemorrhage — Duration: 12 days

Due to: Arteriosclerosis

Due to:

Other conditions: Angina Pectoris (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 1/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

0632

CERTIFICATE OF DEATH

Reg. Dist. No. 130

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Rural-Fred'k R.F.D.#4

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED: Lived in Fredericks 15 yrs

(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Rural-Fred'k R.F.D.#4 Ward No. 6 Mo.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Nr. Buckeystown, Maryland

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Margaret Gertrude Rodrick

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 2, 1880

8. AGE:

Years	Months	Days	If less than one day
59	8	9	hrs. min.

9. Birthplace Jefferson Frederick County Maryland (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business Public School

FATHER

12. Name Daniel F. Rodrick

13. Birthplace Jefferson Frederick County Maryland

MOTHER

14. Maiden name Emma Cochran

15. Birthplace Jefferson Frederick County Maryland

16. Informant Mrs. Thomas P. Culler

Address Frederick, Md. R.F.D.#4

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 1/13/40 (month) (day) (year)

Cemetery or ~~crematory~~ Reformed Cemetery

Location Jefferson, Maryland

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 12-Jany 1940 (Date rec'd by registrar) J. F. Veeler

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1940, at 2:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Jan 10 1940, and that I last saw her alive on Jan. 10 1940.

Immediate cause of death Coronary Thrombosis — DURATION 1 day

Due to Hypertensive Cardio-vascular Disease

Due to

Other conditions Chronic Asthma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D. M. D. or other

Address Frederick, Md. Date signed 1-11-40

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FEB 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0633

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick.
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) 1Yr. 8Mos 1Day
Stay in this community (yrs., or mos., or days) 1Yr 8Mos 1Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 15 Dutton Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Robert L. Rost.

3. (b) Social Security Number: 218-05-5359 none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 29 1911

8. AGE:

Years	Months	Days	If less than one day
28	11	19	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)
10. Usual occupation: Candy-Maker
11. Industry or business:

FATHER
12. Name: Harry Rost.
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Pauline Phiefer
15. Birthplace: Germany

16. Informant: Robert L. Rost
Address: Catonsville. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 20 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cem.
Location: Baltimore. Md.
18. Funeral director: M.L.Creager
Address: Thurmont, Md.

19. 1/17/1940 (Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1940, at 11.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1938, to Jan. 17 1940, and that I last saw him alive on Jan. 17 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3Yr 1Mo
Due to: Tubercle Bacilli
Due to:
Other conditions: Tuberculous Laryngitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jno E. Goodpasture M.D.
M. D. or other
Address: State Sanatorium Md. Date signed: 1/18/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

0634

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick--Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick County Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 Days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Monrovia Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural: Monrovia Frederick Co Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Sappington

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Colored

6. (a) ~~married, widowed, or divorced~~ widow

6 (b) Name of husband or wife: Harrison Sappington

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): July 7, 1900

8. AGE:

Years	Months	Days	If less than one day
39	5	24	____ hrs. ____ min.

9. Birthplace: Frederick County Maryland
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business:

FATHER
12. Name: William Brown
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Virgie Jones
15. Birthplace: Frederick County Maryland

16. Informant: M. Gordon--Emergency Hospital
Address: Frederick, Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/4/40 (month) (day) (year)
Cemetery or crematory: Hope Hill Cemetery
Location: Nr. Buckeystown, Maryland

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 3-5 1940 (Date rec'd by registrar) J. M. Mc Cleary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1, 1940, at 8.15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 30, 1939, to January 1, 1940, and that I last saw her alive on January 1, 1940

	DURATION
Immediate cause of death: Uremia	4 days
Due to: Acute Nephritis	7 days
Due to: Primary cause: Unknown. Patient was unconscious when received at the Emergency Hospital, and lived only a short time. Gunshot wound	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: B. O. Thomas M. D. or other
Address: Frederick, Md Date signed: Jan 3-40

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BUREAU V. S.

0635

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Registration Dist. No. 134

Village or City near Matters No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Melanchthon Sheeley If U. S. Veteran, specify WAR none

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Alverta Stansbury

6. DATE OF BIRTH (month, day, and year) June 23, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredrick Co, Md.

FATHER

13. NAME Jacob Sheeley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Dorsey

16. BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

17. INFORMANT (Address) Anna M. Sheeley Emmitsburg, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Keysville Md Date Jan 7, 1940

19. UNDERTAKER (Address) S. L. Allison Emmitsburg, Md.

20. FILED Jan 6, 1940 M. F. Shuff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 15, 1939, to Jan, 19

I last saw h aliva on Jan 4, 1940; death is said to have occurred on the data stated above, at 9 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?

Other Contributory Causes of Importance:

Cerebral thrombosis	5 yr

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Roland R Diller M. D.

(Address) Detour Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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FEB 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

cot

STATE OF MARYLAND—CERTIFICATE OF DEATH

0636

131-6

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Near Jefferson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Mildred Sigafoose If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace G Sigafoose

6. DATE OF BIRTH (month, day, and year) July 31, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Andrew T. Harrison

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosana Ramsour

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Horace G Sigafoose Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Md Cemetery Date Jan 6, 1940

19. UNDERTAKER (Address) C. H. Fute & Bro Brunswick Md.

20. FILED Jan 4, 1940 Wm H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 3 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to Jan 3, 1940

I last saw her alive on Jan 2, 1940; death is said to have occurred on the date stated above, at 1 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	1/1/40
Cerebral Hemorrhage	12/28/39

Other Contributory Causes of importance:

Marked Hypertension	1932
Chronic Nephritis	1936

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Talbot Price M. D.

(Address) Jefferson Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 2 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (61)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

L 0637

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or ~~town~~: Frederick Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Frederick

(c) City or ~~town~~: Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No.: 24 Winchester St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Deborah Smith

3 (b) If veteran, name war: No

3 (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Geo. W. Smith

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): Aug 28-1864

8. AGE: Years: 75 | Months: 4 | Days: 9 | If less than one day: _____ hr. _____ min.

9. Birthplace: Frederick Co. Md (Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER

12. Name: Jacob Foreman

13. Birthplace: Germany

MOTHER

14. Maiden Name: Martha Horton

15. Birthplace: Frederick Co. Md

16 (a) Informant: Mrs. Elmer Hargett

(b) Address: Frederick Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: July 9-40 (month) (day) (year)

(c) Cemetery ~~or crematory~~: Beaver Dam

Location: New Johnsville Md

18 (a) Funeral ~~director~~: C. E. Cline & Son

(b) Address: Frederick Maryland

19 (a) 8 Jan 40 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death: Jan 6 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1939, to 1/6 1940, and that I last saw ~~him~~ her alive on 1/6 1940 at 1:30 pm

Immediate cause of death	Duration
Coronary Thrombosis	1 ½ days
Hypertension	?
Due to: Diabetes Mellitus	?
Obesity	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature**: T. Nicholson M. D. or other

Address: 5 W. 2nd St Frederick Date signed: 1/8/40

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FEB 5 1940
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Smith

0638

(46)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 153

Village or City Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Smith

(a) Residence: No. Woodsboro, St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Calvin P Smith

6. DATE OF BIRTH (month, day, and year): Nov 7th 1855

7. AGE: Years 84 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Jan 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: David Albaugh

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary M Etzler

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Webster Smith (Address) Woodsboro Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope at Woodsboro Date Feb 3rd, 1940

19. UNDERTAKER: Powell & Albaugh (Address) Woodsboro Md

20. FILED Feb 2, 1940, R. Ward Stauffer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 31 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940, to Jan 31, 1940

I last saw her alive on Jan 31, 1940; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

Other Contributory Causes of Importance:

Cachexia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C Elster Day M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 13-2

Reg. Dist. No. 130

0639

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Buckeystown
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Main Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Buckeystown
(If outside city or town limits, write RURAL and give town)

(d) Street No. Main Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Altha L. Specht

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alice S. McGaha Specht

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 12, 1868

8. AGE: Years 71 | Months 7 | Days 8 | If less than one day _____ hr. _____ min.

9. Birthplace Doubs, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation Merchant (retired)

11. Industry or business

FATHER

12. Name Lewis Specht

13. Birthplace Frederick Co., Maryland

MOTHER

14. Maiden Name Elizabeth Michael

15. Birthplace Frederick Co., Maryland

16 (a) Informant Lewis E. Specht

(b) Address Buckeystown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery Braceville Mary 4

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) Jan 22 1940 (Date rec'd by registrar) (b) J. W. Keefer Registrar

MEDICAL CERTIFICATION

20. Date of death January 20 1940, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1936, to Jan. 20 1940, and that I last saw him alive on Jan. 19 1940.

Immediate cause of death	Duration
Myocarditis & Decompensation	10 days
Due to Pulmonary Tuberculosis	15 yrs.(?)
Due to	
Other conditions Tuberculosis of Kidneys	6 mos.(?)

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Conley Jr. M. D. or other

Address Buckeystown Date signed 1/21/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. C. H. Conley, Jr.
Buckeystown

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0640

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 5Mos 27Days.
Stay in this community (yrs., or mos., or days): 5Mos 27 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 312 S. Pulaski,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Spittel

3. (b) Social Security Number: 216-01-8086 none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lottie Spittel
6(c) If alive, give age: 47 years
7. Birth date of deceased (mo., day, yr.): December 7 1887
8. AGE: Years: 52 Months: 0 Days: 26 If less than one day: hrs. min.
9. Birthplace: Baltimore. Md. (Town, county, and state)
10. Usual occupation: Grocery-Clerk
11. Industry or business:
FATHER 12. Name: Wm. R. Spittel
13. Birthplace: Baltimore. Md.
MOTHER 14. Maiden name: Elizabeth Weinert,
15. Birthplace: Germany
16. Informant: George Spittel
Address: Baltimore. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 5 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park Cem
Location: Baltimore. Md.
18. Funeral director: George L. Weber & Son
Address: Baltimore Md.
19. 1/2/1940 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 1940 12.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939, to Jan. 2 1940, and that I last saw him alive on Jan. 2 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 10 Mos.
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E Sandpeture M. D
M. D. or other
Address: State Sanatorium Md Date signed: 1/4/40

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JAN 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0641

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (92nd)

County Frederick Md. Registration Dist. No. 137

Village or City Near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Edward C. Spurrier If U. S. Veteran, specify WAR none

(a) Residence: No. Near Libertytown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Juliet E. Maynard

6. DATE OF BIRTH (month, day, and year) April 27th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Spurrier

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Diller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Juliet E. Spurrier Unger Bridge

18. BURIAL, CREMATION, OR REMOVAL Place Woodsboro md Date Jan 23, 1940

19. UNDERTAKER (Address) Powell & Albaugh Libertytown Md

20. FILED Jan 23, 1940 M. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1936, to Jan. 20, 1940

I last saw him alive on Jan 20, 1940 death is said to have occurred on the date stated above, at 7:15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Chronic Endocarditis	Unknown
Other Contributory Causes of importance:	
La Grippe	Jan 17 '40

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Ira A. Brady M. D.

(Address) Libertytown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940) Reg. Dist. No. 14-5

CERTIFICATE OF DEATH

0642

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Mt. Myersville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Mt. Myersville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Summers

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary L. Brandenburg
6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov 13, 1866

8. AGE: Years 73 | Months 2 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Mt Myersville Fred Co Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own

FATHER
12. Name Isaac J. Summers
13. Birthplace Fred Co Md

MOTHER
14. Maiden Name Lucinda C. Brandenburg
15. Birthplace Fred. Co Md.

16 (a) Informant Chester Summers
(b) Address Middletown, Md. R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-40 (month) (day) (year)
(c) Cemetery or crematory U. B. Cemetery
Location Myersville Md

18 (a) Funeral director D. T. Baile & Son
(b) Address Myersville Md.

19 (a) 1/27/40 (Date rec'd by registrar) (b) William D. Waehtel Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 26 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 19. Did not attend

Immediate cause of death	Duration
Probably Coronary Occlusion	Sudden
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Harp Md (M. D. or other)
Address Middletown Date signed 1-27-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0643

Reg. Diat. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 6 Mos 7 Days.

Stay in this community (yrs., or mos., or days): 6 Mos 7 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2008 Fairmount, Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Arthur L. Tellis.

3. (b) Social Security Number: 212-09-1378

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 21 1889

8. AGE: Years	Months	Days	If less than one day
50	3	25	hrs. min.

9. Birthplace: Irvington. Va.
(Town, county, and state)

10. Usual occupation: Pipe-Fitter

11. Industry or business:

FATHER — 12. Name: John Tellis

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Clare Gibson

15. Birthplace: Virginia

16. Informant: Arthur L.Tellis

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 18 1940 (month) (day) (year)

Cemetery or crematory: Mt. Carmel Cem.

Location: Baltimore. Md.

18. Funeral director: M.L.Creager

Address: Thurmont, Md.

19. 1/15/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15 1940, 8.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1939 to Jan. 15 1940 and that I last saw him alive on Jan. 15 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Gangrene of the lower Abdominal wall and Penis	

(Whether pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfellow M.D.
M. D. or other

Address: State Sanatorium Md. Date signed: 1/15/40

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JAN 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0644

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5Mos 19Days

Stay in this community (yrs., or mos., or days): 5Mos19Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 323 S. Market St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Robert H. Thayer

3. (b) Social Security Number: 705-12-8332

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 21 1903

8. AGE: Years	Months	Days	If less than one day
36	4	0	hrs. min.

9. Birthplace: Adamstown, Frederick Co Md.
(Town, county, and state)

10. Usual occupation: Railroad-Man

11. Industry or business:

FATHER — 12. Name: Henry Thayer

13. Birthplace: Leesburg. Va.

MOTHER — 14. Maiden name: Mary Butler.

15. Birthplace: Virginia

16. Informant: Robert H. Thayer

Address: Frederick. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 24 1940 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cem

Location: Frederick. Md.

18. Funeral director: M.R.Etchison & Son

Address: Frederick.

19. 6/21/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 21 1940, 10.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 2 1939, to Jan 21 1940, and that I last saw him alive on Jan 21 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2Yrs2Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Open Broncho-Pleural Fistula	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 1/22/40

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FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107) Reg. Dist. No. 131

CERTIFICATE OF DEATH

0645

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) ~~City~~ or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. W. Main St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William Leo Thomas

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1939

8. AGE: Years _____ Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Charles Edward Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Margaret Stewart
15. Birthplace Frederick Co. Md.

16 (a) Informant Mrs. Gadelbaugh Emergency Hospital
(b) Address Frederick, Md.

17 (a) Burial, ~~cremation, or removal~~ Emmitsburg Md (b) Date thereof Jan 16 1940
(month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Joseph
Location Emmitsburg Md

18 (a) Funeral director S. L. Ellison
(b) Address Emmitsburg Md.

19 (a) 14 Jan 40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 14 1940, at 7 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1940, to Jan 14 1940, and that I last saw him alive on Jan 14 1940.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature C. D. Thomas M. D. or other
Address Frederick Md Date signed Jan 14 40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 157-C

Reg. Dist. No. 131

CERTIFICATE OF DEATH

0646

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Emmitsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Shirley Louise Trent

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced.~~: Single.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13 1940

8. AGE: Years 0 | Months 0 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation New Born

11. Industry or business

FATHER
12. Name John Henry Trent
13. Birthplace Kentucky

MOTHER
14. Maiden Name Maggie Cordelia King
15. Birthplace Va.

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital Frederick Md.

17 (a) Burial, ~~cremation~~, removal Frederick Md (b) Date thereof Feb 1 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St Joseph
Location Emmitsburg Md.

18 (a) Funeral director C. L. Adelsberger
(b) Address Emmitsburg Md.

19 (a) Jan 31 40 (Date rec'd by registrar) (b) Chas E McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Jan. 30 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1940, to Jan 30 1940, and that I last saw him alive on Jan. 30 1940.

	Duration
Immediate cause of death	
Open foramen Ovale	Jan 13
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B O Thomas M. D. or other
Address Frederick Md Date signed 1/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
FEB 5 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0647

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 1MO 9Days

Stay in this community (yrs., or mos., or days): 1Mo 9Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Baltimore.

City or town: White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma Elizabeth Troyer

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Elmer Troyer

6(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): May 29 1902

8. AGE:	Years	Months	Days	If less than one day
	37	7	18	____hrs. ____min.

9. Birthplace: Baltimore. Co Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Howard Lloyd

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Bessie Forwood

15. Birthplace: Maryland.

16. Informant: Emma Elizabeth Troyer

Address: White Hall Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 20 1940 (month) (day) (year)

Cemetery or crematory: Wesley Chapel

Location: White Hall Md.

18. Funeral director: Phillip Markline & Son

Address: White Hall Md.

19. 1/16/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 16 1940, 10.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 7 1939, to Jan. 16 1940, and that I last saw h-er alive on Jan. 16 1940

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis; Tuberculous Enteritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Landgraves M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 1/17/40

RECEIVED
FEB 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (161-a)

Reg. Dist. No. 131

0648

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Lee Place, R.D. 3 (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Freda Lee Wahl

3 (b) If veteran, name war	3 (c) Social Security No.		
none	none		
4. Sex	**5. Color or race**	**6 (a) Single, ~~married, widowed,~~ or ~~divorced~~**	
female	white	single	

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	2	____hr. ____min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Raymond W. Wahl,

13. Birthplace Wilmington, Del.

MOTHER 14. Maiden Name Mildred Johnson,

15. Birthplace Wilmington, Del.

16 (a) Informant Mr. Raymond W. Wahl,

(b) Address Frederick, Md. R.D. 3

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/29/40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Silver Brook,

Location Wilmington, Del.

18 (a) Funeral director M.R.Etchison & Son,

(b) Address Frederick, Md.

19 (a) 27- Jan-1940 (Date rec'd by registrar) (b) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 24 1940, at 7.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940, to Jan 24 1940, and that I last saw h~~er~~ alive on Jan 24 1940.

Immediate cause of death	Duration
Rickets	
Uncomplicated Pneumonia	
Due to Atelectasis of Lung	2 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H Lawrence Fahrney M.D. (M.D. or other)

Address Frederick Md Date signed 1-24-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107)

Reg. Dist. No. 131

CERTIFICATE OF DEATH ✓

0649

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 227 East Fifth Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 227 East Fifth Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mary Susan Warfield

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~ Ignatius Vinton Warfield

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 19, 1850

8. AGE: Years 89 | Months 5 | Days 2 | If less than one day _____ hr. _____ min.

9. Birthplace Carroll County, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name William Fisher

13. Birthplace [illegible] Maryland

MOTHER

14. Maiden Name Sarah Mullinix

15. Birthplace Frederick County, Maryland

16 (a) Informant Mrs. F. K. Hanlon

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 23, 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 22-Jan 40 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 21-Jan 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1940, to Jan. 21 1940, and that I last saw him alive on Jan 21 1940.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Acute Bronchitis	1 wk
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard W. Ash M.D. (M. D. or other)

Address Frederick Date signed 1/22/40.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 5 1940
BUREAU V. S.

Dr. Ash

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-C)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

0650

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 9 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Middletown Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Nr. Middletown (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John Westley Webster

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1869

8. AGE: Years 71 Months 0 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name John W. Webster

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Bennett

15. Birthplace Md.

16 (a) Informant E. Adelsberger, Emergency

(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Tabor

Location Near Middletown Md

18 (a) Funeral director Gladhill Co

(b) Address Middletown Md

19 (a) 31-Jan '40 (Date rec'd by registrar) (b) J. W. Lundy Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 29 1940, at 8 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1939, to Jan 29 1940, and that I last saw him alive on Jan 29 1940.

Immediate cause of death	Duration
Uremia	Jan 22
Due to Chronic parenchymatous nephritis	Jan 1935
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed Jan. 29 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

0651

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 26 E. Eighth St.,
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 26 E. Eighth
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Clinton Melville Whitmore

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 4, 1860

8. AGE: Years	Months	Days	If less than one day
79	2	28	hrs. min.

9. Birthplace: Nr. Buckeystown, Fred., Md.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business: General Farming
FATHER 12. Name: William Whitmore,
13. Birthplace: Fred. Co., Md.
MOTHER 14. Maiden name: Sarah Brubeck,
15. Birthplace: Fred., Co., Md.
16. Informant: Mr. Traverse Fout,
Address: Frederick, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 / 5 / 40 (month) (day) (year)
Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.
19. 3-Jan 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 2nd., 1940, at 6.30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-26 1939 to 1-2 1940,
and that I last saw him alive on 12-29 1939.

Immediate cause of death	DURATION
Coronary thrombosis	2 hours
Due to Arteriosclerotic cardio-vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. H. Conley M. D. or other
Address: Frederick, Md. Date signed 1-3-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

0652

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick

City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Harold Eugene Young

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1939

8. AGE: Years | Months 9 | Days 8 | If less than one day hrs. min.

9. Birthplace Middletown, Frederick County, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles W. Young
13. Birthplace Middletown, Md.

MOTHER
14. Maiden name Alma Bussard
15. Birthplace Middletown, Md

16. Informant Mrs. Alma Young
Address Middletown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 17-1940 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md

18. Funeral director Gladhill Co.
Address Middletown Md

19. Jan 17th 1940 (Date rec'd by registrar) D. Grayson Sauner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1940, at 10:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1940, to Jan 13 1940, and that I last saw him alive on Jan 13 1940.

Immediate cause of death

Probably asphyxiated from round worms from stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Suddenly

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Elmes Harp Md
M. D. or other

Address Middletown Date signed 1-17-40

RECEIVED
FEB 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0653

131-a

1. PLACE OF DEATH

County Frederick Registration Dist. No. 153

Village or City Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Laura C. Zimmerman

(a) Residence: No. Walkersville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael S. Zimmerman

6. DATE OF BIRTH (month, day, and year) Sept 3-1851

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	88	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Creagerstown (State or country) Frederick Co

FATHER

13. NAME David Koons

14. BIRTHPLACE (city or town) (State or country) Frederick

MOTHER

15. MAIDEN NAME Catherine Krise

16. BIRTHPLACE (city or town) (State or country) Frederick Co.

17. INFORMANT William Zimmerman Son (Address) 152 W Mt Vernon St Balto

18. BURIAL, CREMATION, OR REMOVAL Place Creagerstown Cemetery Date Jan 12, 1940

19. UNDERTAKER G. C. Barton (Address) Woodsboro

20. FILED Jan 11, 1940 R. Ward Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Jan 10, 1940

I last saw her alive on Jan 9, 1940; death is said to have occurred on the date stated above, at 6:30 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular renal disease	

Other **Contributory Causes** of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Easterday M. D.

(Address) Walkersville, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN